



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

December 8, 2003

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Potamia Inc, d.b.a. The Parthenon, 5500 South 56<sup>th</sup> Street, Suite 100. The Parthenon holder of liquor license I -54874 requests this liquor license be upgraded to a class C liquor license.

Ownership of the establishment has not changed, and background information is being omitted but is available for review on Councils' request.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# STATE OF NEBRASKA

Mike Johanns  
Governor

NEBRASKA LIQUOR CONTROL COMMISSION  
Forrest D. Chapman  
Executive Director  
301 Centennial Mall South, 5th Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814  
TRS USER 800 833-7252 (TTY)

A3-137329  
180

## CERTIFIED

December 3, 2003

City Clerk  
555 South 10<sup>th</sup> Street, Ste. 103  
Lincoln, NE 68508

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

### TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,  
NEBRASKA LIQUOR CONTROL COMMISSION

  
Tami Freeman  
Licensing Division

Enclosures  
Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman  
An Equal Opportunity/Affirmative Action Employer

R.L. (Dick) Coyne  
Commissioner

FILED  
CITY CLERK'S OFFICE  
CITY OF LINCOLN  
NEBRASKA  
DEC 4 PM 3 08

LIC # 61893

## APPLICATION FOR LICENSE

Nebraska Liquor Control Commission  
PO Box 95046,  
301 Centennial Mall South  
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>  
Phone: (402) 471-2571  
Fax: (402) 471-2814

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk ( \* )

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.



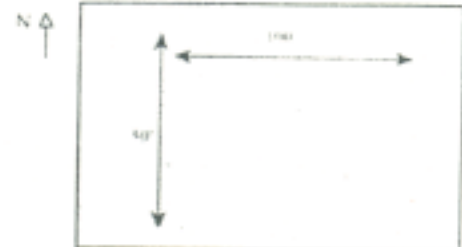
**RECEIVED**

<b>TYPE OF APPLICATION *</b>		<b>CORPORATE SURETY BOND INFORMATION</b>	
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached.		DEC 01 2003 <b>NEBRASKA LIQUOR CONTROL COMMISSION</b> Bond Company - for Classes L V W X Y only Start Date Month/Day/Year _____ Bond Number _____	
<b>SECTION A - LOCATION INFORMATION - Must be completed by all applicants</b>			
Trade Name (name of business) The Parthenon		Telephone Number at premise to be licensed 423-2222	
1) Street Address of Proposed licensed premise Suite 100, 5500 S. 56th Street		2) Mailing Address for receipt of Liquor Control Commission mailings Suite 100, 5500 S. 56th Street	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68516		Zip Code 68516	

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

See attached *next page*



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

one story bldg. approx 65' x 65'  
 plus walk in cooler approx 12' x 34'  
 plus outdoor L shaped area approx  
 30' x 30'

43-301

**Corporation/LLC Application for License - Form 3**  
Nebraska Liquor Control Commission

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**NEBRASKA LIQUOR  
CONTROL COMMISSION****INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate  
 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses  
 3) Information regarding spouses must be completed

Required areas marked by a red asterisk ( \* )

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation \* Total Number of Shares (if corporation)  
 Potamia, Inc. \* 100 \*

Corporate Street Address \* Mailing address for receipt of Liquor Control Commission Mailings  
 Suite 100, 5500 S. 56th Street \* Suite 100, 5500 S. 56th Street \*

Corporate Telephone Number \* City \* County \* State \* Zip Code \*  
 402-420-1162 \* Lincoln \* Lancaster \* NE \* 68516 \*

Name of Registered Agent \* Name of Proposed Manager \*  
 George J. Kazas \* George J. Kazas \*

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name \* Title \* Date of Birth \*  
 George J. Kazas \* President \* \*

Social Security Number \* Home Address (1) \* City \*  
 \* 3606 Diablo Drive \* Lincoln \*

State \* Zip Code \* Home Telephone Number \*  
 NE \* 68516 \* 402-420-1162 \*

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Kazas, George John			President
Spouse Name None			
Partner Number of Shares / % 30	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
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Name

Kazas, Michael John

1/78

Vice-President

Spouse Name

None

Partner Number of Shares / % 30

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Kazas, Despina NMN (Kritikos)

93-58-2103

11/2/44

Secretary/Treasurer

Spouse Name

Kazas, John George

2-66-3314

11/1/44

Partner Number of Shares / % 40

Spouse Number of Shares / % 0

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

If Necessary, Continue on Separate Sheet)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation